



PTO/SB/21 (09-06)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/981,278
Filing Date	14 August, 2002
First Named Inventor	Wallace Matthews
Art Unit	2616
Examiner Name	Steven H D Nguyen
Attorney Docket Number	

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<b>Remarks</b>	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	1) Reply to non-final office action	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	2) corrected Patent Application	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name			
Signature	Wallace Matthews		
Printed name	Wallace Matthews		
Date	Oct. 23, 2006	Reg. No.	

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	Wallace Matthews		
Typed or printed name	Wallace Matthews	Date	Oct. 23, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



TO: Examiner: Stephen HD Nguyen  
From: Wallace Matthews

Subject: Request for extension of time to respond to office Action

Application 09/981,278

Office Action mailed 06/28/2006

I received the office action shortly after my father moved in with us. He was an invalid and required a great deal of attention. He died on Sept. 6, 2006. I am enclosing a copy of his death certificate so that you will know that this is real and not a typical excuse. I am just now catching up on the office action response. I am not a lawyer and I have had to do a lot of research to reply to Section 9 of the office action. I have the response almost complete and am mailing it along with this request. By the time it gets there it will be slightly more than a month late.

I am an individual inventor. I have not had to deal with a patent without an experienced patent attorney before and it is proving to be a daunting task. Please be patient with my not knowing the details and forms to use.

*Wallace Matthews*  
Wallace Matthews

PS – if e-mail would be better, I can be reached through my wife's e-mail account. [ileenmatthews@comcast.net](mailto:ileenmatthews@comcast.net)

(INSTRUCTIONS ON REVERSE SIDE)

FOR USE BY  
PHYSICIANS AND  
MEDICAL EXAMINERS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH  
REGISTRY OF VITAL RECORDS AND STATISTICS

000262

REGISTERED NUMBER

STATE USE ONLY

STATE USE ONLY
4c Hosp
5 Type
6 Race
10 Age
15 Resid
15 Out-State
23 Disap
31-32 Autop
34 Manner
35c Work Inj
35f Place
38-37 Cert
40a Pron

DECEDENT

INFORMANT

DISPOSITION

CERTIFIER

DECEDENT - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)	
Wallace		F.	Matthews	M	September 6, 2006		
PLACE OF DEATH (City/Town):		COUNTY OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)			
Milford		Worcester		Milford Regional Medical Center			
PLACE OF DEATH (Check only one):		OTHER		SOCIAL SECURITY NUMBER		IF US WAR VETERAN SPECIFY WAR	
<input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		<input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		[REDACTED]		WWII	
WAS DECEDENT OF HISPANIC ORIGIN?		RACE (e.g. White, Black, American Indian, etc.) (Specify)		DECEDENT'S EDUCATION (Highest Grade Completed)			
<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES 8a Specify:		White		12			
AGE - Last Birthday (Yrs.)		DATE OF BIRTH (Mo., Day, Yr.)		BIRTHPLACE (City and State or Foreign Country)			
85		July 16, 1921		Jacksonville, FL			
MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED		LAST SPOUSE (If wife, give maiden name)		USUAL OCCUPATION (Prior - If Retired)		KIND OF BUSINESS OR INDUSTRY	
Married		Sarah Weaver		Laborer		Mining Company	
RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY		STATE OF BIRTH (If not in US, name country)		MOTHER - NAME (GIVEN) (MAIDEN)		STATE OF BIRTH (If not in US, name country)	
950 Lake Lotela Drive, Avon Park, Highlands Co., FL		GA		Unknown Bishop		GA	
FATHER - FULL NAME		MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE		RELATIONSHIP			
Joseph Matthews		P.O. Box 985, Avon Park, FL 33826		Wife			
INFORMANT'S NAME		FUNERAL SERVICE LICENSEE OR OTHER DESIGNEE		LICENSE #			
Sarah W. Matthews		James R. Buma		6460			
23 METHOD OF IMMEDIATE DISPOSITION		24 PLACE OF DISPOSITION (Name of Cemetery, Crematory or other)		25 LOCATION (City/Town, State)			
<input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTH. SPEC.		Rural Cemetery & Crematory		Worcester, MA			
DATE OF DISPOSITION (Mo., Day, Yr.)		NAME AND ADDRESS OF FACILITY OR OTHER DESIGNEE					
Sept. 12, 2006		Buma-Sargeant Funeral Home, 42 Congress St., Milford, MA 01757					
29 PART I - Enter the diseases, injuries, or complications that caused the death. Do not use only the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d) PRINT OR TYPE LEGIBLY.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		DUE TO (OR AS A CONSEQUENCE OF)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
Respiratory Failure				hours			
Mucous Plugging				hours			
Central Cord Syndrome				days			
29b Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST		29c					
PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I.		WAS AUTOPSY PERFORMED? (Yes or No)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)			
		No					
30 MED. EXAM. NOTIFIED? (Yes or No)		34 MANNER OF DEATH		DATE OF INJURY (Mo., Day, Yr.)		TIME OF INJURY	
No		<input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> COULD NOT BE DETERMINED <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> PENDING INVESTIGATION					
35 DESCRIBE HOW INJURY OCCURRED		35a PLACE OF INJURY (At home, farm, street, factory, office bldg., etc.) Specify		35b LOCATION (No. & St., City/Town, State)		35c INJURY AT WORK (Yes or No)	
35d To be completed by CERTIFYING PHYSICIAN OR MEDICAL EXAMINER ONLY		35e To be completed by MEDICAL EXAMINER ONLY		35f To be completed by MEDICAL EXAMINER ONLY			
36a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated.		36b DATE SIGNED (Mo., Day, Yr.)		36c HOUR OF DEATH		36d NAME OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print)	
[Signature]		September 6, 2006		6:30 PM		Dr. Mark Skiba	
36e NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER		36f DATE SIGNED (Mo., Day, Yr.)		36g PRONOUNCED DEAD (Mo., Day, Yr.)		36h HOUR OF DEATH	
Andrew Popelka MD, 14 Prospect Street, Milford, MA 01757							
36i NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print)		36j DATE SIGNED (Mo., Day, Yr.)		36k PRONOUNCED DEAD (Mo., Day, Yr.)		36l HOUR OF DEATH	
37 WAS THERE A PRONOUNCEMENT FORM? (Yes or No)		37a IF YES, DATE PRONOUNCED		37b IF YES, TIME PRONOUNCED		37c NAME OF PRONOUNCER	
NO							
38 DATE BURIAL PERMIT ISSUED		38a SIGNATURE OF HEALTH AGENT		38b CLERK'S SIGNATURE		38c DATE OF RECORD	
September 7, 2006		[Signature]		[Signature]		Sept 7, 2006	

Pronouncement of Death  
Form (R-302) on File: ☐PERMANENT  
BLACK INK ONLY

R-301-05

A TRUE COPY OF THE RECORD  
ATTEST: Joseph Arcudi  
MILFORD TOWN CLERK

BEST AVAILABLE COPY